

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> EPA United States Environmental Protection Agency Washington, DC 20460 </div> <div style="text-align: center;"> Work Assignment </div> </div>						Work Assignment Number 3-1				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000006				
Contract Number EP-W-08-019		Contract Period 03/11/2008 To 03/10/2013		Title of Work Assignment/SF Site Name						
		Base Option Period Number 3		Emissions Data Integration						
Contractor RESEARCH TRIANGLE INSTITUTE				Specify Section and paragraph of Contract SOW						
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval				Period of Performance From 03/11/2011 To 03/10/2012						
Comments: The purpose of this amendment is to request a revised cost estimate in accordance with the below increase in LOE hours. The amendment grants the contractor's January 12, 2012 request to add an additional 381 LOE hours at no additional cost to the current approved work plan. The increase in LOE hours, requested for the revised cost estimate, includes the additional 381 LOE hours.										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
SFO <input type="checkbox"/> Note: To report additional accounting and appropriations date use EPA Form 1900-69A.										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		LOE:		3,573				
03/11/2008 To 03/10/2013										
This Action:						0				
Total:						3,573				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:		LOE:				
Cumulative Approved:				Cost/Fee:		LOE:				
Work Assignment Manager Name Peter Kokopeli _____ (Signature) (Date)						Branch/Mail Code: Phone Number 202-343-9085 FAX Number:				
Project Officer Name Ryan Daniels _____ (Signature) (Date)						Branch/Mail Code: Phone Number: 202-564-6476 FAX Number:				
Other Agency Official Name _____ (Signature) (Date)						Branch/Mail Code: Phone Number: FAX Number:				
Contracting Official Name Ryan Daniels _____ (Signature) (Date)						Branch/Mail Code: Phone Number: 202-564-6476 FAX Number:				